2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91836 019 ***150.00

954-389-0943

4-30-03

DOCUMENT # P02000096175 1. Entity Name SUMMERTRUST INVESTMENTS, INC.						05-05-2003	3 91836 019 *	**150.00		
Principal Place of Business Mailing Address 1500 SAN REMO AVE., STE. 177 1500 SAN REMO AVE., STE CORAL GABLES, FL 33146 CORAL GABLES, FL 33146										
2. Principal P	3. Mailing Address			$\dashv \parallel$						
Suite, Apt.	€, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State				FEI Number 55 - 0] 9 5 3 7 3 -		Applied For Not Applicable		
Zip	Country	Zip Count			5. Certificate of Status Desired See Required Fee Required			lddītional ired		
	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
BARED AND ASSOCIATES, PA 1500 SAN REMO AVE., STE. 177 CORAL GABLES, FL 33146				Name Otto TEMWARTH Street Address (P.O. Box Number is Not Acceptable)						
		_		3952 110c		ewood Ln	EL Zip C	ode		
				ω ω	$\sim of \alpha$).		15 20		
SIGNATURE	Signalule, system of printed name of registered agent. Signalule, system or printed name of registered agent. Signalule, system or printed name of registered agent. Signalule, system or printed name of registered agent.		>4tp_	Henwa				5.00 May Be		
10.	OFFICERS AND	DIRECTORS	11.		AD	 DDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-2P	D FENWARTH, OTTO 1500 SAN REMO AVE., STE. 177 CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET A CRY-ST	ADDRESS 3	=ENC	WARTH, Otto Pincwood Ln.	(X) Chan			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUYANA, MARIA M 1500 SAN REMO AVE., STE. 177 CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET A CITY-ST	DOMESS 3	2 2 P	MARIA M Dinewood Ln 20, F1.33331	(X) Chang	ge 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-2P		Delete	TITLE NAME STREET A CITY-ST	ADDRIESS			Chang	e 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS -21P			Chang	e Addition		
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE MAME STREET A CITY-ST	LODRESS -21P			☐ Chang	e 🗍 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST	NDORESS .			☐ Chang	e 🔲 Addition		
12. I hereby of indicated of the corchanged.	certify that the information supplied with on this report or suppliemental report is poration or the received or trustee empor or on an attachment with an address.	this filling does not qualify for true and accurate and that re- wered to execute this report with all other like empowered	r the exemp my signature as required	otion stated in e shall have to by Chapter	Section he same 607, Flori	119.07(3Xi), Florida Statutes. I ful legal effect as if made under oath ida Statutes; and that my name a	ther certify that the that I am an offkopears in Block 10	e information er or director or Block 11 if		

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: